



City of Santa Barbara
Parks & Recreation Department

APPLICATION FOR CITY YOUTH COUNCIL

For more information on the Youth Council and other Teen Programs please contact our staff office at 805-897-2652

Mailing Address:

Attn: Youth Council Advisor
Teen Programs
P.O. Box 1990
Santa Barbara, CA 93102-1990

Street Address:

Westside Community Center
423 West Victoria Street
Santa Barbara, CA 93101
(805) 897-2652

Applicant Information

Today's Date:

| | | |
|-------------|------------|------|
| First Name: | Last Name: | DOB: |
| Address: | City: | ZIP: |
| Phone: | E-Mail: | |
| School: | Grade: | |

Emergency Contact Information

| | | |
|------------------------------------|----------------|------|
| First Name: | Last Name: | |
| Address (if different from above): | City: | ZIP: |
| Daytime Phone: | Evening Phone: | |

Please list and describe your involvement in any on-campus clubs, sports, etc. as well as any extracurricular activities:

Please list and describe your involvement in any community service projects (off-campus):

Describe your skills, interests, and reasons why you believe you should be appointed to the Youth Council:

Are you able to attend regular 2-hour meetings on the 1st & 3rd Mondays of each month? () YES () NO

Are you able to fulfill a minimum time commitment of 10-15 hours per month? () YES () NO

Have you attended any Youth Council meetings in the past or any Youth Council events? () YES () NO

Please list two references (professional or personal):

| | |
|---------------|---------------|
| Name: | Phone Number: |
| Relationship: | |
| Name: | Phone Number: |
| Relationship: | |

The following information is collected for statistical purposes only:

Sex: () Female () Male Age: _____ Ethnicity: _____ Grade: _____

How did you hear about the Youth Council? _____

I certify that the information on this application is true to the best of my knowledge and belief, and understand that false statements and/or information shall be just cause for rejection of this application or subsequent discharge.
This application must be signed in ink and dated.

Signed: _____

Date: _____

FOR OFFICE USE ONLY-----

Date Received: _____ Date Interviewed: _____ Date Appointed: _____